

Application Data Sheet 37 CFR 1.76		Attorney Docket Number	28791-704.201
		Application Number	10/754,444
Title of Invention	Devices and Methods for Treatment of Luminal Tissue		
<p>The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76.</p> <p>This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.</p>			

Secrecy Order 37 CFR 5.2

- ☐ Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)

Applicant Information:

Applicant 1				
Applicant Authority <input checked="" type="checkbox"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118
If applicant is not an inventor, indicate the authority to file for the patent on behalf of the inventor, the inventor is:				
Choose one:				
Prefix	Given Name	Middle Name	Family Name	Suffix
None	Roger	A.	Stern	None
Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service				
City	Cupertino	State/Province	CA	Country of Residence ⁱ US
Citizenship under 37 CFR 1.41 (b) ⁱ		US		
Mailing Address of Applicant:				
Address 1		10418 Palo Vista Road		
Address 2				
City	Cupertino	State/Province	CA	
Postal Code	95014	Country ⁱ	US	
If the representative for the inventor is an Organization check here. <input type="checkbox"/>				
Applicant 2				
Applicant Authority <input checked="" type="checkbox"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118
If applicant is not an inventor, indicate the authority to file for the patent on behalf of the inventor, the inventor is:				
Choose one:				
Prefix	Given Name	Middle Name	Family Name	Suffix
None	Jerome		Jackson	None
Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service				
City	Los Altos	State/Province	CA	Country of Residence ⁱ US
Citizenship under 37 CFR 1.41 (b) ⁱ		US		
Mailing Address of Applicant:				
Address 1		1725 Fallen Leaf Lane		
Address 2				
City	Los Altos	State/Province	CA	
Postal Code	94024	Country ⁱ	US	
If the representative for the inventor is an Organization check here. <input type="checkbox"/>				

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Applicant 3					
Applicant Authority		<input checked="" type="checkbox"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117	
				<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
If applicant is not an inventor, indicate the authority to file for the patent on behalf of the inventor, the inventor is:					
Choose one:					
Prefix	Given Name	Middle Name		Family Name	Suffix
None	Vincent	N.		Sullivan	None
Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service					
City	San Jose	State/Province	CA	Country of Residenceⁱ	US
Citizenship under 37 CFR 1.41 (b)ⁱ		US			
Mailing Address of Applicant:					
Address 1		1558 Callecita Street			
Address 2					
City	San Jose		State/Province	CA	
Postal Code	95125		Countryⁱ	US	
If the representative for the inventor is an Organization check here. <input type="checkbox"/>					
Applicant 4					
Applicant Authority		<input checked="" type="checkbox"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117	
				<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
If applicant is not an inventor, indicate the authority to file for the patent on behalf of the inventor, the inventor is:					
Choose one:					
Prefix	Given Name	Middle Name		Family Name	Suffix
None	George	H.		Smith	None
Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service					
City	Palo Alto	State/Province	CA	Country of Residenceⁱ	US
Citizenship under 37 CFR 1.41 (b)ⁱ		US			
Mailing Address of Applicant:					
Address 1		162 Bryant Street			
Address 2					
City	Palo Alto		State/Province	CA	
Postal Code	94301		Countryⁱ	US	
If the representative for the inventor is an Organization check here. <input type="checkbox"/>					
Applicant 5					
Applicant Authority		<input checked="" type="checkbox"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117	
				<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
If applicant is not an inventor, indicate the authority to file for the patent on behalf of the inventor, the inventor is:					
Choose one:					
Prefix	Given Name	Middle Name		Family Name	Suffix
None	Roy	D.		Corbitt	None
Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service					
City	Santa Clara	State/Province	CA	Country of Residenceⁱ	US
Citizenship under 37 CFR 1.41 (b)ⁱ		US			

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		Application Number		10/754,444	
Title of Invention		Devices and Methods for Treatment of Luminal Tissue			
Mailing Address of Applicant:					
Address 1		3431 Lasagna Court			
Address 2					
City	Santa Clara	State/Province	CA		
Postal Code	95051	Country ⁱ	US		
If the representative for the inventor is an Organization check here. <input type="checkbox"/>					
Applicant 6					
Applicant Authority <input checked="" type="checkbox"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
If applicant is not an inventor, indicate the authority to file for the patent on behalf of the inventor, the inventor is:					
Choose one:					
Prefix	Given Name	Middle Name	Family Name	Suffix	
None	Jennifer	A.	Hodor	None	
Residence Information (Select One)		<input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service			
City	Sunnyvale	State/Province	CA	Country of Residence ⁱ	US
Citizenship under 37 CFR 1.41 (b) ⁱ		US			
Mailing Address of Applicant:					
Address 1		1625 Nightingale Avenue			
Address 2					
City	Sunnyvale	State/Province	CA		
Postal Code	94087	Country ⁱ	US		
If the representative for the inventor is an Organization check here. <input type="checkbox"/>					
Applicant 7					
Applicant Authority <input checked="" type="checkbox"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
If applicant is not an inventor, indicate the authority to file for the patent on behalf of the inventor, the inventor is:					
Choose one:					
Prefix	Given Name	Middle Name	Family Name	Suffix	
None	Carson	J.	Shellenberger	None	
Residence Information (Select One)		<input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service			
City	Larkspur	State/Province	CO	Country of Residence ⁱ	US
Citizenship under 37 CFR 1.41 (b) ⁱ		US			
Mailing Address of Applicant:					
Address 1		5462 Bestwood Road			
Address 2					
City	Larkspur	State/Province	CO		
Postal Code	80118	Country ⁱ	US		
If the representative for the inventor is an Organization check here. <input type="checkbox"/>					
All Inventors Must Be Listed - Additional Inventor Information blocks may be generated within this form by selecting the Add button.					

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Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below.
For further information see 37 CFR 1.33(a).

☒ An Address is being provided for the correspondence information of this application.

Customer Number	021971
Email Address	sbacsi@wsgr.com

Application Information:

Title of the Invention	Devices and Methods for Treatment of Luminal Tissue		
Attorney Docket Number	28791-704.201	Small Entity Status Claimed <input checked="" type="checkbox"/>	
Application Type	Regular		
Subject Matter	Utility		
Suggested Class (if any)		Sub Class (if any)	
Suggested Technology Center (if any)			
Total Number of Drawing Sheets (if any)	9	Suggested Figure for Publication (if any)	4

Publication Information:

☐ Request Early Publication (Fee required at time of Request 37 CFR 1.219)

☐ Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.

Representative Information:

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.

Please Select One:	<input checked="" type="checkbox"/> Customer Number	<input type="checkbox"/> US Patent Practitioner	<input type="checkbox"/> US Representative (37 CFR 11.9)
Customer Number	021971		

Domestic Priority Information:

This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c). Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.

Prior Application Status			
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)

Additional Domestic Priority Data may be generated within this form by selecting the **Add** button.

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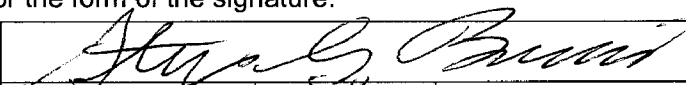
Foreign Priority Information:

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).			
Application Number	Country	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Foreign Priority Data may be generated within this form by selecting the Add button.			

Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.				
BARRx Medical, Inc.				
If the Assignee is an Organization check here. <input checked="" type="checkbox"/>				
Prefix	Given Name	Middle Name	Family Name	Suffix
None				None
Mailing Address Information:				
Address 1	540 Oakmead Parkway			
Address 2				
City	Sunnyvale	State/Province	CA	
Country ¹	US	Postal Code	94085	
Phone Number	408-328-7300	Fax Number	408-749-1642	
Email Address	mwallace@barrx.com			
Additional Assignee Data may be generated within this form by selecting the Add button.				

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.				
Signature			Date (YYYY-MM-DD)	2006-11-09
First Name	Steven G.	Last Name	Bacsi	Registration Number
				50,736

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**